MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

00799

Reg. Diat. No. 2 P 2

1. PLACE OF DEATH:
County: St. Mary's
City or town: Leonardtown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 hrs
Hospital, institution, or street address where death occurred: St. Mary's Hosp
How long in hospital or institution? 6 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: St. Mary's
City or town: Hollywood
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Infant Abell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	—

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 27/45

8. AGE: Years | Months | Days | If less than one day: 6 hrs. min.

9. Birthplace: Md (Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER
12. Name: Aubrey Wilson
13. Birthplace: Md

MOTHER
14. Maiden name: Mary Louise Mood
15. Birthplace: Md

16. Informant: Mary Louise Abell
Address: Hollywood

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-28-45 (month) (day) (year)
Cemetery or crematory: St. Aloysius
Location: Leonardtown

18. Funeral director: W. C. Mattingly Son
Address: Leonardtown, Md

19. 1/28 45 Caneales
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 27 1945, at 8-30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 27 1945 to Jan 27 1945
and that I last saw h.s alive on Jan 27 1945

Immediate cause of death	DURATION
Prematurity	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Frank A. Canales, M. D. or other
Address: Leonardtown Date signed 1/28/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
FEB 1 1945
BUREAU V.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10-C)

CERTIFICATE OF DEATH

00800

Reg. District No. 28

1. PLACE OF DEATH:
County: St Marys
City or town: Leonardtown Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Dont 3 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: St Marys
City or town: Charlotte Hall Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: John Henry Bond

3.(b) Social Security Number: 214-16-8864

4. Sex: Male
5. Color or race: Colord
6.(a) Single, married, widowed, or divorced: married
6.(b) Name of husband or wife: Mary C Bond
6.(c) If alive, give age: 22 years
7. Birth date of deceased (mo., day, yr.): Aug 28 - 1917

8. AGE: Years: 27 | Months: 4 | Days: 17 | If less than one day: hrs. min.

9. Birthplace: Mechanicsville Md (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: Joseph Bond
13. Birthplace: St Marys Co
MOTHER 14. Maiden name: Nancie Briscoe
15. Birthplace: St Marys Co
18. Informant: Mary C Bond
Address: Charlotte Hall Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 17 1945 (month) (day) (year)
Cemetery or crematory: St Joseph
Location: Morganza Md
18. Funeral director: W E Mellenjley & Sons
Address: Leonardtown Md
19. Jan 16, 1945 (Date rec'd by registrar) Camalier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 14 1945 at 3:00 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., on Jan 14 1945
and that I last saw him alive on ..... 19...
Immediate cause of death: Cerebral Injuries — DURATION: 10 Hrs
Due to: Fractured Skull
Due to: Having been hit by Automobile
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: Jan 14 - 45
Where did injury occur? Charlotte Hall (City or town) St Marys (County) Md (State)
Injured at home, farm, industry, public place (where?) State Highway
Means of injury: Automobile Injured at work? No

23. SIGNATURE: Francis F Greenwell M. D. or other
Address: Leonardtown Md Date signed: Jan 16-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(1) MARGIN RESERVED FOR BINDING

RECEIVED
FEB 1 1945
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00891

CERTIFICATE OF DEATH

Reg. Diat. No. 281

1. PLACE OF DEATH:

County: St Marys Co

City or town: Valley Lee Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: St Marys

City or town: Valley Lee

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Evelyn Bucoe

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Colored	Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years: 67 | Months | Days | If less than one day: ..... hrs. ..... min.

9. Birthplace: Valley Lee Md (Town, county, and state)

10. Usual occupation: House Keeper

11. Industry or business

FATHER 12. Name: Benn Bucoe

FATHER 13. Birthplace: St Marys Co

MOTHER 14. Maiden name: Adline Bucoe

MOTHER 15. Birthplace: St Marys Co

16. Informant: Viola Bucoe

Address: 134 S. Caroline St Balto Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 20 1945 (month) (day) (year)

Cemetery or crematory: St Marks

Location: Valley Lee Md

18. Funeral director: W C J Mattingley Sons

Address: Leonardtown Md

19. 1-19-1945 (Date rec'd by registrar) J J Beavy MD Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 18 1945, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 6 1945, to Jan 16 1945

and that I last saw her alive on Jan. 16, 1945

Immediate cause of death: Congestive Heart Failure — DURATION: 5 days

Due to: Hypertension, Malignant — 2 years

Due to: Lobar Pneumonia — 12 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Wm H Patrick MD (M. D. or other)

Address: Pearson Md Date signed 1-19-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 3 1945
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

00802

Reg. Diat. No. 28

1. PLACE OF DEATH:

County: St. Marys

City or town: Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Alms House

How long in hospital or institution? 1 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: St. Marys

City or town: Park Hall

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Lucy Bush

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	married

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
73 ?			hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER — 12. Name: Clem Beal

FATHER — 13. Birthplace: Maryland

MOTHER — 14. Maiden name: Unknown

MOTHER — 15. Birthplace: Unknown

16. Informant: Peter Beal

Address: Ridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/5/45 (month) (day) (year)

Cemetery or crematory: St. Peters

Location: Ridge, Maryland

18. Funeral director: Ernest L. Robinson

Address: Dameron Md.

19. 1/4 19 45 — Camalier (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 2nd 19 45 at 6:00P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 19 44, to Jan 2nd 19 45

and that I last saw h alive on Dec 30 19 44

Immediate cause of death	DURATION
(a) Cerebral Hemorrhage	
Due to (b) Myocarditis Chronic	8 mos
Due to (c) Arteriosclerosis	2 or 3 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. F. Greenwell M. D. or other

Address: Leonardtown Md. Date signed Jan 4-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 1 1945
BUREAU V.S.

Evidence for change of age of deceased is shown

FILM No. G92 MAR 16 1945

STATE OF MARYLAND—CERTIFICATE OF DEATH

00803

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (92b)

County St Marys Registration Dist. No. 2 8 4

Village or City Mechanicsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harriett Virginia Caywood If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	Wh.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Caywood

6. DATE OF BIRTH (month, dey, and year) Aug 29th 1866

7. AGE Years	Months	Days	If LESS then 1 day, hrs. or min.
78	5	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. None.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Totel time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charles Co. (State or country) Md.

FATHER

13. NAME James Edward Moore

14. BIRTHPLACE (city or town) Charles Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Eliza Hancock

16. BIRTHPLACE (city or town) Charles Co. (State or country) Md.

17. INFORMANT Mary Ida Armstrong (Address) Loveville Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cholpico Md. Date Jan 23 19 45

19. UNDERTAKER Mr Rose E. Welch (Address) Chaptico

20. FILED Jan 22 1945 Lewis J. Dashiell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 21 (Month) (Day) 1945 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1940, 19, to Jan 21, 1945.

I last saw h[illegible] alive on Dec 31st, 1944; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
Arteriosclerosis	

Other Contributory Causes of importance:

Neme of operetion Date of

What test confirmed diagnosis? Wes there en autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Whera did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lewis J. Dashiell M. D.

(Address) Leonardtown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The **principal cause of death** and related causes of importance were as follows:	Date of onset	The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		**Other contributory causes of importance:**	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

FEB 3 1927

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77-C)

00804

CERTIFICATE OF DEATH

Reg. Dist. No. 7-1

1. PLACE OF DEATH:

County: St Marys

City or town: Holly wood Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 years Rural

Hospital, Institution, or street address where death occurred: 23 years

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Holly wood Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Jos A. Clarke

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

B.(b) Name of husband or wife: agnes I Copsey

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 18 1904

8. AGE: Years	Months	Days	If less than one day
40	6	8	hrs. min.

9. Birthplace: Holly wood St Marys Md (Town, county, and state)

10. Usual occupation: clerk

11. Industry or business

FATHER — 12. Name: Chas R. Clarke

FATHER — 13. Birthplace: Holly wood Md

MOTHER — 14. Maiden name: Della Abell

MOTHER — 15. Birthplace: Holly wood Md

18. Informant: Charles R Clarke

Address: Holly wood Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 27 1945 (month) (day) (year)

Cemetery or crematory: St Johns Cemetery

Location: Holly wood Md

18. Funeral director: W C Mattingley Sons

Address: Leonardtown Md

19. Jan 26 1945 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 25 1945, at 2.10 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 23 1945, to Jan 25 1945

and that I last saw him alive on Jan 25th 1945

Immediate cause of death	DURATION
Coal Alcoholism	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: F F Greenwell Jr M.D. M. D. or other

Address: Leonardtown Md Date signed: Jan 26 45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 1 1945
BUREAU V.S.

00805

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH:

County St Marys

City or town Mechanicsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Charles St Marys

City or town near Mechanicsville Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Rebecca Delian Davis

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Single

6.(b) Name of husband or wife —

6.(c) If ever, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8 1855

8. AGE: Years	Months	Days	If less than one day
85	3	19	hrs. min.

9. Birthplace St Marys Co
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Jeremiah Davis

13. Birthplace St Marys Co Md

MOTHER 14. Maiden name Caroline Eakley

15. Birthplace St Marys Co Md

16. Informant Charles Coltons

Address Mechanicsville Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof Jan 30 1945
(month) (day) (year)

Cemetery or crematory All Faiths

Location near New Market Md

18. Funeral director Edwin M Russell

Address Hughesville Md

19. Jan 29th 1945 (Date rec'd by registrar) Lewis J Dorsam Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28 1945, at 2:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1945, to Jan 28th 1945 and that I last saw h... alive on Jan 19...

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to	
Due to	
Other conditions Cirrhosis Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lewis J Dorsam M. D. or other

Address Charlotte Hall Date signed Jan 29 1945

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 3 1945
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00806

CERTIFICATE OF DEATH

Reg. Dist. No. 283

1. PLACE OF DEATH:
County: St. Marys
City or town: Chaptico
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Live time
Hospital, institution, or street address where death occurred:
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: St. Marys
City or town: Chaptico, P.O
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Thomas Leni Davis

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 7 1864

8. AGE: Years	Months	Days	If less than one day
80	10	2	..... hrs. ..... min.

9. Birthplace: St. Marys Co. Maryland
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business

FATHER
12. Name: Leni Davis
13. Birthplace: St. Marys Co. Md.

MOTHER
14. Maiden name: Catherine Hayden
15. Birthplace: St. Marys Co. Md.

16. Informant: James Ed. Davis
Address: Chaptico, Maryland

17. Burial
(Burial, cremation, or removal) Which?
Date thereof: Jan-11-1945 (month) (day) (year)
Cemetery or crematory: Christ Church
Location: Chaptico, Maryland

18. Funeral director: Rose E. Welch
Address: Chaptico, Maryland.

19. Jan. 10 1945 (Date rec'd by registrar) C. B. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 9 1945, at 7.35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1944, to Jan 9 1945
and that I last saw him alive on Jan 9 1945

Immediate cause of death	DURATION
Carcinoma Prostate	18 mo.?
Due to: ?	
Due to:	
Other conditions: Cardio renal Vascular disease —	

(Include pregnancy within 3 months of death)

Major findings of operations: none done
Date of op.:
Autopsy results: none done
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Aloysius C. Welch M.D.
M. D. or other
Address: Chaptico, Maryland Date signed: 1/10/45

RECEIVED
FEB 6 1945
BUREAU V.S.

(M)

MARGIN RESERVED FOR BINDING

(1)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

00807

CERTIFICATE OF DEATH

Reg. Dist. No. 782

1. PLACE OF DEATH:

County St Mary's

City or town Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? 6 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Mary's

City or town Palmers

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Joseph Carroll Grass

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Ella Cullins Grass

6.(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) May 27 1881

8. AGE: Years	Months	Days	If less than one day
63	7	16	..... hrs. ..... min.

8. Birthplace Palmers St Mary's Co Md (Town, county, and state)

10. Usual occupation Watermans

11. Industry or business

FATHER 12. Name Robert Grass

13. Birthplace Germany

MOTHER 14. Maiden name Mary Jane Norris

15. Birthplace St Mary's Co

16. Informant Mrs Ella Cullins Grass

Address Palmers Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 18 1945 (month) (day) (year)

Cemetery or crematory Ward Bros

Location Bush Wood Md

18. Funeral director W. C. Mattingly Sons

Address Leonardtown Md

19. Jan 11 1945 Cummins

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1945 at 7.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec Jan. 8 1945 to ..... 19.....

and that I last saw him alive on Jan 8 1945

Immediate cause of death	DURATION
Subarachnoid Hemorrhage	12 hours
Due to Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm H Babcock M.D.

M. D. or other

Address Pearson Md Date signed 1-10-45

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FEB 1 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

008808

Reg. Dist. No. 2 5 2

1. PLACE OF DEATH:

County: St. Mary's

City or town: Lexington Park (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 hrs.

Hospital, institution, or street address where death occurred: St. Mary's Hosp.

How long in hospital or institution? 2 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: St. Mary's

City or town: Patuxent River P (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Infant Gray

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	W	—

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 27 '45

8. AGE: Years | Months | Days | If less than one day: 2 hrs. ..... min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER — 12. Name Jos. P. Gray

FATHER — 13. Birthplace Penn

MOTHER — 14. Maiden name Margie Mackey

MOTHER — 15. Birthplace Va

16. Informant Jos. P. Gray

Address Patuxent River Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof 1-28-45 (month) (day) (year)

Cemetery or crematory St. Aloysius

Location Leonardtown Md

18. Funeral director Jos. C. Mattingly & Son

Address Leonardtown Md

19. 1/28 1945 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1945 at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 27 1945 to Jan 27 1945 and that I last saw h alive on Jan 27 1945

Immediate cause of death	DURATION
Prematurity	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank A. Camalier M. D. or other

Address Leonardtown Md Date signed 1/28/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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FEB 1 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (24-6)

00809

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:

County St Marys

City or town Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? 3 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME William F. Greenwell

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Estell V. Greenwell

6.(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Jan 30. 1897

8. AGE: Years	Months	Days	If less than one day
47	11	16	hrs. min.

8. Birthplace Leonardtown St Marys Co Md (Town, county, and state)

10. Usual occupation Barber

11. Industry or business none

FATHER 12. Name John H. Greenwell

13. Birthplace St Marys co

MOTHER 14. Maiden name Ada E Jones

15. Birthplace St Marys co

16. Informant Mrs. Estell V. Greenwell

Address Leonardtown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 17 1945 (month) (day) (year)

Cemetery or crematory St Joseph Cemetery

Location Morganza Md

18. Funeral director W. C. Mattingley Sons

Address Leonardtown Md

19. 1/16/45 (Date rec'd by registrar) Caudelia Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1945 at 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 1944, to Jan. 15 1945

and that I last saw him alive on Jan. 14 1945

Immediate cause of death	DURATION
Cerebral Lues	7
Due to	
Due to	
Other conditions Acute Myocardial Failure	

(Include pregnancy within 3 months of death)

Major findings of operations none done

Date of op.

Autopsy results none done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Alexius C. Wild M.D. M. D. or other

Address Charlotte Md Date signed Jan-16-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00810

CERTIFICATE OF DEATH

Reg. Dist. No. 2 & 6

1. PLACE OF DEATH:
County: St. Mary's
City or town: Ridge Clements
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 42 yrs. 1 mo.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: St. Mary's
City or town: Ridge Clements
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: John Louis Knott

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 7 - 12 - 1882

8. AGE:

Years	Months	Days	If less than one day
62	5	27	..... hrs. ..... min.

9. Birthplace: Chas. Co. Md.
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business:

FATHER
12. Name: William Edward Knott
13. Birthplace: Chas Co Md

MOTHER
14. Maiden name: Mary Frances Burch
15. Birthplace: Chas Co Md

16. Informant: Arthur Louis Knott
Address: Clements Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof 1 - 11 - 44 (month) (day) (year)
Cemetery or crematory: Sacred Heart
Location: Bushwood
18. Funeral Director: B. J. Robinson Bro.
Address: Leonardtown Md

19. 1 - 9 - 44 (Date rec'd by registrar) 1944 N. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1 - 8 - 1944; at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19.... to ..... 19....
and that I last saw him alive on 1 - 8 - 1944

Immediate cause of death	DURATION
Cerebral apoplexy	Sudden
Due to	
Due to	
Other conditions: Chronic myocarditis	10 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Robert V. Palmer M. D. or other
Address: Leonardtown Md Date signed 1 - 9 - 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 6 1945
BUREAU V. S.

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

00811

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St. Marys

City or town Rural St. Jamess
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 54 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St. Marys

City or town Rural St. Marys City
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Frank Sewell

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. ? 1890

8. AGE: Years 54 | Months 2 | Days ? | If less than one day ... hrs. ... min.

9. Birthplace St. Marys City
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name John Sewell

13. Birthplace St. Marys Co. Md.

MOTHER 14. Maiden name Sylvia Butler

15. Birthplace St. Marys Co. Md

16. Informant Lily Milburn

Address St. Marys City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-16-45 (month) (day) (year)

Cemetery or crematory Trinity Cemetery

Location St. Marys City

18. Funeral director E. L. Robinson

Address Dameron Md

19. 1-15-45 (Date rec'd by registrar) O. J. Beane M.D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1945, at 3:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 13 1945, to Jan. 14 1945

and that I last saw him alive on Jan. 13 1945

Immediate cause of death	DURATION
Bronchopneumonia	2 days
Due to Acute bronchitis	1 week
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE O. J. Beane M.D. M. D. or other

Address Great Mills Md. Date signed 1-15-45

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FEB 3 1945
BUREAU V.I.

MARYLAND STATE DEPARTMENT OF HEALTH

00812

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

Reg. Diat. No. 281

1. PLACE OF DEATH:

County St. Marys

City or town Rural (Callaway)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St. Marys

City or town Rural Callaway
(If ontside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Philip Otha Smith

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-17-44

8. AGE:

Years	Months	Days	If less than one day
—	1	25	hrs. min.

9. Birthplace Callaway
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Otha Smith
13. Birthplace St. Marys Co. Md.

MOTHER
14. Maiden name Florence Hill
15. Birthplace St. Marys Co. Md.

18. Informant

Address

17. (Burial, cremation, or removal. Which?) Date thereof Jan. 13-45 (month) (day) (year)

Cemetery or ~~crematory~~ Holy Face

Location Great Mills, Md.

19. Funeral director C. B. Robinson

Address Leonardtown Md.

19. Jan. 12 1945 (Date rec'd by registrar) O. J. Beam M.D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1945 at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 6 1945, to Jan. 11 1945 and that I last saw h... alive on Jan 6 1945

Immediate cause of death	DURATION
Broncho-pneumonia	2 days
Due to Mass-pharyngitis	7 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please nnderline the canse to which death shonld he charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE O. J. Beam M.D.
M. D. or other

Address Great Mills Md. Date signed 1-12-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (173)

00813

CERTIFICATE OF DEATH

Reg. Diat. No. 7 R

1. PLACE OF DEATH:

County: St. Marys!

City or town: U.S.N.A.S., Patuxent River, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Massachusetts County:

City or town: Bridgewater
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 16 Beebe Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: SOUZA, Anthony Francis

3. (b) Social Security Number: Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	

6.(b) Name of husband or wife:

8.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 11 March 1926

8. AGE: Years	Months	Days	If less than one day
18	9	29	hrs. min.

9. Birthplace: Bridgewater, Massachusetts
(Town, county, and state)

10. Usual occupation: Sailor

11. Industry or business: U. S. Navy

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden name: Unknown
15. Birthplace

16. Informant: U S Navy

Address

17. Transportation (Burial, cremation, or removal. Which?) Date thereof 1/13/45 (month) (day) (year)

Cemetery or crematory: Bridgewater, Mass.

Location

18. Funeral director: P B Robinson

Address: Norwalk, Conn.

19. 1/13 45 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10 January 19 45 at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not attended 19 to 19
and that I last saw him alive on 10 January 19 45

Immediate cause of death	DURATION
Injuries, multiple, extreme, including complete decapitation.	
Due to: Plane crash	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 1-10-45

Where did injury occur? Chesapeake Bay, St. Marys, Maryland
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Duty flight

Means of injury: Plane crash Injured at work? Yes.

23. SIGNATURE: Julian Love
JULIAN LOVE, Captain (MC) USN
M. D. or other

Address: USNAS, Patuxent River, Md. Date signed: 1-13-44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (24)

CERTIFICATE OF DEATH

00814

Reg. Dist. No. 52

1. PLACE OF DEATH:
County St. Marys U.S.S. VALENCIA (AKA81)
City or town
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 hours
Hospital, Institution, or street address where death occurred:
U.S.S. VALENCIA (AKA 81)
How long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Mass. County
City or town New Bedford
(If outside city or town limits, write RURAL and give nearest town)
Street No. 323 Cedar St.
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3.(a) FULL NAME Czeslaw John TARADEJNA

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1914

8. AGE:

Years	Months	Days	If less than one day
30	8	16	hrs. min.

9. Birthplace New Bedford, Mass.
(Town, county, and state)

10. Usual occupation

11. Industry or business U. S. Navy

FATHER
12. Name Ignancy Taradejna
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown.

16. Informant U. S. Navy
Address Patuxent River, Md.

17. Transportation
(Burial, cremation, or removal. Which?)
Date thereof 1/25/45
(month) (day) (year)

Cemetery or crematory New Bedford
Location Massachusetts.

18. Funeral director C B Robinson
Address Leonardtown Md.

19. 1-25-45 19 45 Canales
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24, 1945 19 at 5:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 17 19 45 to January 24 19 45 and that I last saw him alive on January 24 19 45

Immediate cause of death	DURATION
Streptococcus Infection.	
Due to	
Due to	
Other conditions Abscess of the Brain	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J Hunter Tucker jr M. D. or other
Address U.S.S. Valencia Date signed 1/24/45

RECEIVED
FEB 1 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

00815

Reg. Dist. No. 287

1. PLACE OF DEATH:

County: St. Marys

City or town: (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 hours

Hospital, institution, or street address where death occurred:
Dispensary, NAS, Patuxent River, Maryland

How long in hospital or institution? 27 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Calvert

City or town: Solomons, (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME

Baby Boy WALSH

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 8 January 1945

8. AGE: Years	Months	Days	If less than one day
			10 hrs. min.

9. Birthplace: NAS, Patuxent River, Maryland (Town, county, and state)

10. Usual occupation: infant, premature

11. Industry or business

FATHER 12. Name: Carroll Arthur Walsh

13. Birthplace: Nampa, Idaho

MOTHER 14. Maiden name: Amylee Garrison

15. Birthplace: Tawanda, Kansas

18. Informant: Father

Address: ATB, Solomons, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/10/45 (month) (day) (year)

Cemetery or crematory: Poplar Hill

Location: Valley Lee, Md.

18. Funeral director: P. B. Robinson

Address: Leonardtown, Md.

19. 1/10 45 (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9 January 19 45 at 1.05 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4 P.M. on 8 Jan. 19 45 to 1:05 A.M. 9 Jan 19 45 and that I last saw him alive on 8 January 1945 19

Immediate cause of death	DURATION
Prematurity	
Erythroblastosis foetalis	
Due to	
parental blood factors	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results: To be reported

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. O. Tirrill Jr. Lt. (MC) USNR (M. D. or other)

Address: NAS, Patuxent River, Md. Date signed: 1/9/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(1) MARGIN RESERVED FOR BINDING

RECEIVED
FEB 1 1945
BUREAU V.S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-L)

CERTIFICATE OF DEATH

00816 P

Reg. Dist. No. 22

1. PLACE OF DEATH: St Mary's Hospital

County

City or town: Leonardtown md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: St Mary

City or town: Leonardtown
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Naval Air Base
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Willie Lee Willis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

B.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb 5, 1922

8. AGE: Years	Months	Days	If less than one day
22			..... hrs. ..... min.

9. Birthplace: Sumter S C
(Town, county, and state)

10. Usual occupation: Fireman

11. Industry or business: naval Air Base Cedar Pt.

FATHER
12. Name: Herbert Parr
13. Birthplace: S C

MOTHER
14. Maiden name: Rosa Willis
15. Birthplace: Sumter S C

16. Informant: Rosa Willis
Address: 523 Bingle, Sumter, S C

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 10, 1945 (month) (day) (year)

Cemetery or crematory: Sumter

Location: South Carolina

18. Funeral director: Mrs Kate R Williams

Address: 322 N Schroeder St

19. 1/9 1945 A. M. Hedrick Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 5 1945 at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 2 1944 to Jan. 5 1945 and that I last saw h. alive on Jan. 3 1945

Immediate cause of death	DURATION
Acute Pneumonary Tuberculosis	5 Weeks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Wm. H. Pahlert M.D.
M. D. or other

Address: Pearson md Date signed: 1-6-45

(M)

(1)

(4)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45)

00817

CERTIFICATE OF DEATH

Reg. Diat. No. 281

1. PLACE OF DEATH:

County St. Marys

City or town Rural (If outside city or town limits, write RURAL and give nearest town) Great Mills

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St. Marys

City or town Rural (If outside city or town limits, write RURAL and give nearest town) Great Mills

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mary N. Bean Wise

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: widowed

6.(b) Name of husband or wife: James Wise

6.(c) If alive, give age: deceased years

7. Birth date of deceased (mo., day, yr.): Jan. 26 1866

8. AGE: Years 78 | Months 11 | Days 23 | If less than one day ..... hrs. ..... min.

9. Birthplace Hurmansville Md (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name George Bohanan
13. Birthplace Maryland

MOTHER
14. Maiden name Maria Yeates
15. Birthplace Maryland

16. Informant Mrs. Pembroke Moore
Address Great Mills Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-22-45 (month) (day) (year)

Cemetery or crematory St. Michaels

Location Ridge Md

18. Funeral director W. C. Nattingly Sons

Address Leonardtown Md.

19. 1-19-1945 (Date rec'd by registrar) R. J. Bean M.D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1945 at 11:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1943, to January 18 1945 and that I last saw h.e.r. alive on January 18 1945

	DURATION
Immediate cause of death: Carcinoma of throat	2 years
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE R. J. Bean M.D. M. D. or other

Address Great Mills Md. Date signed 1-19-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 3 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

00818

Reg. Dist. No. 25'

1. PLACE OF DEATH:

County: St. Mary's

City or town: Rural Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Now long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: St. Marys

City or town: Rural Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Infant Young

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan. 27 - 45

8. AGE: Years | Months | Days | If less than one day: ..... hrs. 5 min.

8. Birthplace: Leonardtown, Md.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER — 12. Name: George F. Young

FATHER — 13. Birthplace: Leonardtown Md

MOTHER — 14. Maiden name: Catherine E. Curtis

MOTHER — 15. Birthplace: Leonardtown Md

16. Informant: Catherine Young

Address: Leonardtown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 29 - 45 (month) (day) (year)

Cemetery or crematory: Home garden

Location: Muddys Neck

18. Funeral director: George Young

Address: Leonardtown Md

19. Jan 28 - 1945 (Date rec'd by registrar) O.J. Bean, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 27 1945 at 6:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 27 1945, to Jan 27 1945 and that I last saw h... alive on Jan 27 1945

Immediate cause of death	DURATION
Premature birth (3 mos.)	
Due to: Undetermined	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: O.J. Bean, M.D. M. D. or other

Address: Great Mills, Md. Date signed: 1-28-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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FEB 3 1945
BUREAU V. S.